MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (44-C)

CERTIFICATE OF DEATH

01507

Reg. Dist. No. 9C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Perryville Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Perryville, Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Condon Farms.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Frank E. Ansalrich

3. (b) Social Security Number:

4. Sex: M.
5. Color or race: W.
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Lula B.
6.(c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): Feb. 14, 1872
8. AGE: Years: 74 Months: Days: 5 If less than one day: hrs. min.
9. Birthplace: Cecil Co. Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:

FATHER
12. Name: Emanuel Ansalrich
13. Birthplace: Md.

MOTHER
14. Maiden name: Mary Post
15. Birthplace: Md

16. Informant: Lula B. Ansalrich
Address: Perryville, Md. Rural
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 22, 1946 (month) (day) (year)
Cemetery or crematory: Charlestown
Location: Charlestown, Md
18. Funeral director: Wm. A. Patterson & Son
Address: Perryville, Md.
19. Feb 21 1946 (Date rec'd by registrar) Irene Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 19 1946 at 7.15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1 1945 to Feb. 19 1946 and that I last saw him alive on Feb. 19 1946

	DURATION
Immediate cause of death: Lymphosarcoma of Hodgkins Disease	6 mo
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. F. Magraw M. D. or other
Address: Perryville Md Date signed: 2/21/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

★ 01508 Reg. Dist. No. 1

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 13 days
Hospital, institution, or street address where death occurred: Union Hospital - Elkton - Md
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: North East - Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Jacob Dixon

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	widower

6.(b) Name of husband or wife: Julia Dixon
6.(c) If olive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec 2, 1870

8. AGE: Years	Months	Days	If less than one day
75	2	8	..... hrs. ..... min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business

FATHER
12. Name: David Dixon
13. Birthplace: Maryland

MOTHER
14. Maiden name: No Information
15. Birthplace

16. Informant: Jacob Dixon
Address: North East, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 13, 1946 (month) (day) (year)
Cemetery or crematory: St. Marks A. M. P.
Location: North East R. F. D.

18. Funeral director: Joseph R. Grant
Address: North East, Md.

19. Feb 12 1946 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 10th 1946, at 8.15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 28 1946 to Feb 10th 1946 and that I last saw him alive on Feb 9 1946

Immediate cause of death	DURATION
Cerebral Hemorrhage	about 15 dys.
Due to: General arteriosclerosis	unknown
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: C. H. McKnight M. D. or other
Address: Elkton - Md Date signed 2/11/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (200-C)

01509

CERTIFICATE OF DEATH

★ Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: 301 Hollingsworth Manor
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Elkton Md
(If rural, give LOCATION)
2.(a) Ll veteran, name war:

3.(a) FULL NAME: Dennis Eugene Ferguson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov 27 1945

8. AGE: Years	Months	Days	If less than one day
	2	23	hrs. min.

9. Birthplace: Elkton Md
(Town, county, and state)
10. Usual occupation: Child
11. Industry or business:
FATHER 12. Name: Elmer Ferguson
13. Birthplace: Virginia W. Va.
MOTHER 14. Maiden name: Freda Perkins
15. Birthplace: Sinkesgrove W. Va.
16. Informant: Elmer Ferguson
Address: Elkton Md.
17. Burial (Burial, cremation, or removal. Which?): Date thereof: Feb 20 '46 (month) (day) (year)
Cemetery or crematory: Knobs Family Cemt
Location: Sinkesgrove, W. Va.
18. Funeral director: H.W. Pippin
Address: Elkton Md
19. Feb 19 1946 (Date rec'd by registrar) F.K. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 19 1946 at 7:40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Unknown	
Due to	
Cause of death: Unknown	
Due to No further information can be obtained.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: R.L. Dodson M.D. (M) Medical Examiner Cecil County
M. D. or other
Address: Rising Sun Md. Date signed: 2-19-46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Evidence for change of age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

B1510 42

Reg. Diat. No. 7

FILM No. 100 FEB 12 1946

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Union Hospital
How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: North East
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Elizabeth Fitzgerald | **3.(b) Social Security Number** none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	White	Widowed

6.(b) Name of husband or wife: George W Fitzgerald
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept 23 - 1861

8. AGE: Years	Months	Days	If less than one day
84 ~~85~~	4	12	..... hrs. ..... min.

9. Birthplace: North East Md.
(Town, county, and state)
10. Usual occupation: none
11. Industry or business

FATHER
12. Name: William Reed
13. Birthplace: Maryland

MOTHER
14. Maiden name: Ferguson
15. Birthplace: Maryland

16. Informant: Ada Reed
Address: Elkton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 7 1946 (month) (day) (year)
Cemetery or crematory: Roudabush
Location: Calvert, Md.

16. Funeral director: Joseph R Shaw
Address: North East Md

19. Feb 6 1946 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 4 1946 at 9.55a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 30 1946 to Feb 4 1946 and that I last saw h.. alive on Feb 3 1946

Immediate cause of death	DURATION
(a) Pt Lobar Pneumonia	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE R L Dodson MD
M. D. or other
Address Rising Sun Date signed Feb 11 46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

STATE OF MARYLAND—CERTIFICATE OF DEATH 01511

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (13-C)

County Cecil — Registration Dist. No. 91

Village or City Chesapeake City — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mary Rebecca Forwood — If U. S. Veteran, specify WAR —

(a) Residence: No. — St., — Ward. — If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of James Worthington Forwood

6. DATE OF BIRTH (month, day, and year) Dec. 11, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	No.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at Home

10. Date deceased last worked at this occupation (month and year) 1942 — 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Street — Harford Co. (State or country) Maryland

FATHER

13. NAME Luther Sheridan

14. BIRTHPLACE (city or town) Harford Co., (State or country) Md.

MOTHER

15. MAIDEN NAME Mary M. C. Common

16. BIRTHPLACE (city or town) Harford Co., (State or country) Md.

17. INFORMANT (Address) Joanna Forwood Chesapeake City, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Harmony Cem. Date Feb. 13, 1946

19. UNDERTAKER H. L. Bailey (Address) Darlington Md.

20. FILED February 14, 1946 Mrs. D. Ralph M. D. Ellis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 11, 1946 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1943 to February 11, 1946

I last saw he/she alive on February 11, 1946; death is said to have occurred on the date stated above, at 5:35 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1 hour
Pulmonary Tuberculosis	5 years?

Other Contributory Causes of Importance:

Name of operation None — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) H. V. Davis M. D.

(Address) Chesapeake City Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

01512

Reg. Diat. No. 96

1. PLACE OF DEATH:

County CECIL

City or town VETERANS ADMINISTRATION, PERRY POINT, MD.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs. 9 mo. 30 days

Hospital, institution, or street address where death occurred:
Veterans Administration, Perry Point, Md.

How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D.C. County –

City or town Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 706 - 11th Street, N.W.
(If rural, give LOCATION)

2.(a) If veteran, name war W.W. I

3. (a) FULL NAME FREELAND, Daniel Jr.

3. (b) Social Security Number –

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife –

6.(c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) 1-29-1888

8. AGE: Years	Months	Days	If less than one day
58	8	–	– hrs. – min.

9. Birthplace Washington, D.C.
(Town, county, and state)

10. Usual occupation Painter

11. Industry or business –

FATHER 12. Name Daniel Freeland

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden name Frances Freeland

15. Birthplace Baltimore, Md.

16. Informant Hospital Records

Address Veterans Administration, Perry Point, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 2-7-46 (month) (day) (year)

Cemetery or crematory Washington National Cemetery

Location Maryland

18. Funeral director Pennington & Son, Havre de Grace, Md.

Address

19. Feb 7 1946 Irene E Dunlap Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6, 1946 at 4:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from K&K. April 7 1937 to February 6 1946

and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Chronic Myocarditis,	Undetermined
due to Arteriosclerosis, general	Over 7 years
Due to	
Other conditions Mental Deficiency without psychosis	Lifetime

(Include pregnancy within 3 months of death)

Major findings of operations –

Date of op. –

Autopsy results Not performed

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide – Date of –

Where did injury occur? – (City or town) – (County) – (State)

Injured at home, farm, industry, public place (where?) –

Means of injury – Injured at work? –

23. SIGNATURE A. P. TROLLINGER, Lt.Col. M.C. M. D. or other
Acting Manager,

Address Veterans Administration Perry Point, Md. Date signed 2-7-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

01513

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil Co
City or town: Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 79 yrs
Hospital, institution, or street address where death occurred: Elkton Md R.D. 3
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Elkton Md R.D. 3
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Harry L Gallaher

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife: Mollie Gallaher
6.(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): Mar 11 - 1866

8. AGE: Years: 79 | Months: 11 | Days: 15 | If less than one day: hrs. min.

9. Birthplace: Near Fair Hill Cecil Co Md (Town, county, and state)

10. Usual occupation: Blacksmith

11. Industry or business:

FATHER
12. Name: Nathaniel J. Gallaher
13. Birthplace: Cecil Co Md

MOTHER
14. Maiden name: Mary McCray
15. Birthplace: No Record

16. Informant: Mrs Mollie Gallaher
Address: Elkton Md R.D 3

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 1 1946 (month) (day) (year)
Cemetery or crematory: Cherry Hill Md
Location: Cherry Hill

18. Funeral director: R. L. Jones
Address: Newark Del

19. Feb 27 1946 (Date rec'd by registrar) F R Fraser Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 26 1946, at 8.10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 14 Jan 1946 to 26 Feb 1946 and that I last saw him alive on 25 Feb 1946

Immediate cause of death	DURATION
Cerebral hemorrhage.	36 hrs.
Due to: arteriosclerosis	15 yrs.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Hallowell Johnson M.D.
M. D. or other
Address: Newark Delaware Date signed: 26 Feb 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

01514

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore (45)

CERTIFICATE OF DEATH

Reg. Dist. No. 46

1. PLACE OF DEATH:
County: Cecil
City or town: Port Deposit Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Stanley Nursing Home
How long in hospital or institution? 2 mo 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Cecil
City or town: Cecilton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: William Gillian

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: none
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): no accurate information

8. AGE: Years: About 86 | Months | Days | If less than one day: hrs. min.

9. Birthplace: no information (Town, county, and state)
10. Usual occupation: this man found as
11. Industry or business: age of about 3 years in 1863.

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden name
15. Birthplace

16. Informant
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 1 1946 (month) (day) (year)
Cemetery or crematory: Methodist
Location: Cecilton, Md.
18. Funeral director: Joseph R. Grant
Address: North East, Md.
19. Feb. 28 1946 (Date rec'd by registrar) Irvin E. Dougherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 26 1946 at 11 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov - 20 1945 to Feb 24 1946 and that I last saw him alive on Feb. 24 1946

Immediate cause of death	DURATION
Carcinoma of throat	1½ yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury. Injured at work?

23. SIGNATURE: C. J. Broom M.D. M. D. or other
Address: Port Deposit Md. Date signed 7/27/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

STATE OF MARYLAND—CERTIFICATE OF DEATH

01515

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Cecil — Registration Dist. No. 94

Village or City North East — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Hawkins

(a) Residence: No. North East Md St., Ward. —

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Hawkins

6. DATE OF BIRTH (month, day, and year) Oct 8 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Chauffeur

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pleasant Hill (State or country) Cecil Co. Md

FATHER

13. NAME William P Hawkins

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Edith Broome

16. BIRTHPLACE (city or town) Rolling Green (State or country) Pa

17. INFORMANT Edith H awkins (Address) North East Md

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill, Md Date Feb 18, 1946

19. UNDERTAKER Joseph R Grant (Address) North East Md

20. FILED 2/18, 1946 Lida L Owens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 15 (Day), 1946 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 2-11, 1946, to 2-18, 1946

I last saw h- alive on 2-15, 1946; death is said to have occurred on the date stated above, at m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about 1 year

Other **Contributory Causes** of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Maude L Cowan M. D.

(Address) Havre de Grace Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

01516

CERTIFICATE OF DEATH

Reg. Diat. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton, Rfd. 3

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr. 3

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Elkton

(If outside city or town limits, write RURAL and give nearest town)

Street No. 292 Hollingsworth Manor.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Carroll Lee Hollinbaugh.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	White	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov 1944

8. AGE: Years: 1 Months: 3 Days: 13 If less than one day: hrs. min.

9. Birthplace: Elkton Maryland (Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: John E. Hollenbaugh

13. Birthplace: Shippensburg Pa

MOTHER — 14. Maiden name: Anna P. Clair

15. Birthplace: Plainfield, Pa

16. Informant: Mrs John E. Hollenbaugh

Address: 292 Hollingsworth Manor Elkton, Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Feb 8 / 46 (month) (day) (year)

Cemetery or crematory: Shippensburg Pa

Location: Shippensburg Pa

18. Funeral director: H. W. Pippin

Address: Elkton, Md

19. Feb 6 1946 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 5 1946, at 6:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Lobar	
Due to: Pneumonia	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: R L Dodson M.D. Medical Examiner for Cecil County

M. D. or other

Address: Rising Sun Md. Date signed: 2-5-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-9

CERTIFICATE OF DEATH

(X) 01517

Reg. Dist. No. 9

1. PLACE OF DEATH:
County: Cecil.
City or town: Chesapeake City
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 22 years.
Hospital, institution, or street address where death occurred:
Chesapeake City.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Chesapeake City, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: William Hrycek

3.(b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Wh	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 23, 1923

8. AGE: Years	Months	Days	If less than one day
22	7	21	..... hrs. ..... min.

9. Birthplace: Chesapeake City, Md
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: John Hrycek
13. Birthplace: Austria

MOTHER
14. Maiden name: Kathryn Hamoyczak
15. Birthplace: Austria

16. Informant: Mrs. John Hrycek
Address: Chesapeake City, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 14, 46 (month) (day) (year)
Cemetery or crematory: Chesapeake Catholic Cemt
Location: Chesapeake City, Md.

18. Funeral director: H. W. Peppin
Address: Elkton, Md.

19. February 14, 1946 (Date rec'd by registrar) Mrs. Ralph E. Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 12, 1946, at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Nov. 1936 to Feb. 12 1946
and that I last saw h. alive on Feb 12 1946

Immediate cause of death	DURATION
Serious Syphilis	one hour
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: Thomas N. Davis M.D.
M. D. or other
Address: Chesapeake City Md. Date signed: 2/12/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

01518

CERTIFICATE OF DEATH

★ Reg. Dist. No. 90

1. PLACE OF DEATH:
County: Cecil
City or town: Earlville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Earlville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Hester Ann Hurtfell

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	Widowed

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 21 1861

8. AGE: Years 85 Months Days If less than one day ..... hrs. ..... min.

9. Birthplace Earlville Md. (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Benjamin Gorey
13. Birthplace Maryland

MOTHER
14. Maiden name Margaret Edwards
15. Birthplace Maryland

16. Informant Mrs Charles A Craig
Address Earlville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 18/46 (month) (day) (year)

Cemetery or crematory L.O. Stevens
Location Near Earlville Md

18. Funeral director Edward Gelbour
Address Millington Md

19. Feb 18 1946 (Date rec'd by registrar) Irving Burbe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1946 at 6.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 13 1946 to Feb 15 1946 and that I last saw h alive on Feb 15 1946

Immediate cause of death	DURATION
Apoplexy	3 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G. E. Copeland M. D. or other
Address Millington Md Date signed Feb 18 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48a)

CERTIFICATE OF DEATH

15197

Reg. Dist. No. 17

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 37 years

Hospital, institution, or street address where death occurred:
Union Hospital

How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Rural Near Elkton
(If outside city or town limits, write RURAL and give nearest town)

Street No. Elkton, RD5, Md.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Lillian B. Jackson Jackson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Wh.	Married

6.(b) Name of husband or wife: James H. Jackson

8.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 16, 1908

8. AGE: Years	Months	Days	If less than one day
37	7	12	..... hrs. ..... min.

9. Birthplace: Fair Hill, Cecil Co. Md.
(Town, county, and state)

10. Usual occupation: At Home

11. Industry or business

FATHER
12. Name: John P. Anderson
13. Birthplace: Lewisville, Pa.

MOTHER
14. Maiden name: Annie L. Wicks
15. Birthplace: Plessant Hill, Md.

16. Informant: James H. Jackson
Address: Elkton, RD 5, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 3 '46 (month) (day) (year)

Cemetery or crematory: Friends

Location: Calvert, Md.

18. Funeral director: H. W. Tipton

Address: Elkton, Md.

19. Mar 2 1946 (Date rec'd by registrar) F. P. Frazier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 28th 1946, at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 25th 1946, to Feb 28th 1946, and that I last saw h.. alive on Feb 28th 1946

Immediate cause of death	DURATION
Congestive Failure	4 days
Due to Carcinoma of Cervix	2
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Jas H Jackson M.D. M. D. or other

Address: Elkton Md. Date signed 2/28/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

01520

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 years
Hospital, institution, or street address where death occurred: 224 W. High St
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
Street No. 224 West High
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: MARY R. JOHNSTON

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Wh	Widowed

6.(b) Name of husband or wife: Percy S. Johnston
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 9 1861

8. AGE: Years	Months	Days	If less than one day
84	11	27	hrs. min.

9. Birthplace: Belfont Pa (Town, county, and state)
10. Usual occupation: at Home
11. Industry or business

FATHER
12. Name: William Peelock
13. Birthplace: Belfont Pa

MOTHER
14. Maiden name: Mary Dungan
15. Birthplace: Belfont Pa

16. Informant: Wm MacLane Johnston
Address: Elkton, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 8 1946 (month) (day) (year)
Cemetery or crematory: Arlington
Location: Jamsdown Pa
19. Funeral director: H W Pippin
Address: Elkton, Md

19. Feb 7 1946 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 5 1946 at 8:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 25 1944 to Feb. 5 1946 and that I last saw her alive on Feb. 5 1946

Immediate cause of death	DURATION
Bronchio-pneumonia	Feb. 2
Due to:	
Due to:	
Other conditions: Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Orford N. Sneeden, M.D. M. D. or other
Address: Elkton, Md. Date signed 2/6/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4 12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 87 years
Hospital, institution, or street address where death occurred:
Union Hospital
How long in hospital or institution? 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Cecil
City or town: Rural Near Elkton
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.D. 3
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Donna Belle Lewis

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	Wh.	Widowed

6.(b) Name of husband or wife: Henry A Lewis
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 17, 1858

8. AGE: Years	Months	Days	If less than one day
87	3	11	hrs. min.

9. Birthplace: Elkton RD
(Town, county, and state)
10. Usual occupation: at Home
11. Industry or business:

FATHER
12. Name: James Walker
13. Birthplace: Elkton R.D. Md

MOTHER
14. Maiden name: Mary Elizabeth Hyatt
15. Birthplace: Elkton R.D. Md

16. Informant: Mr Edward Lewis
Address: Elkton RD 3, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 1, 1946 (month) (day) (year)
Cemetery or crematory: Elkton
Location: Elkton Md
18. Funeral director: H. W. Lapkins
Address: Elkton, Md

19. Feb 27 1946 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 26 1946 at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 19 1946 to February 26 1946 and that I last saw h. alive on February 26 1946

Immediate cause of death	DURATION
Cerebral Embolism	
Due to: Chronic myocarditis	7
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Elkton Md Date signed: 2/27/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 01522 96

1. PLACE OF DEATH:

County: Cecil

City or town: Veterans Administration, Perry Point, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yrs. 28 days

Hospital, institution, or street address where death occurred:
Veterans Administration, Perry Point, Md.

How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: —

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 608 E. Pratt Street
(If rural, give LOCATION)

2.(a) If veteran, name war: Spanish American War

3.(a) FULL NAME: MC LAREN, John

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): October 22, 1876

8. AGE:

Years	Months	Days	If less than one day
69	3	27	... hrs. — min.

9. Birthplace: Scotland (Town, county, and state)

10. Usual occupation: Sailor

11. Industry or business:

FATHER
12. Name: John McLaren
13. Birthplace: Scotland

MOTHER
14. Maiden name: Mary McLaren (Maiden name unknown)
15. Birthplace: New York

16. Informant: Hospital Records
Address: Veterans Administration, Perry Point, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 2-22-46 (month) (day) (year) 2/22/46

Cemetery or crematory: Angel Hill

Location: Havre de Grace, Md.

18. Funeral director: Pennington & Son
Address: Pennington & Son, Havre de Grace, Md.

19. Feb. 20 1946 (Date rec'd by registrar) Irma E. Dunphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 18 1946 at 9:35 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 21 1942 to February 18 1946 and that I last saw him alive on February 18 1946

Immediate cause of death	DURATION
Myocardial Damage	Over 4 years
Due to: Arteriosclerosis, Coronary	" "
Due to:	
Other conditions: Psychosis with Cerebral Arteriosclerosis (Include pregnancy within 3 months of death)	Over 4 years

Major findings of operations: —

Date of op.: —

Autopsy results: Not performed

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: A. E. Trollinger
A.E. TROLLINGER, Lt. Col., M.C., Chief Medical Director
Address: Director, Veterans Administration, Perry Point, Md.
Date signed: 2-20-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01523

Reg. Dist. No. 90

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Warwick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 66 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Warwich

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Richard Boulden Merritt Jr

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Hilda M. Merritt

6.(c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): 2-5-1880

8. AGE: Years	Months	Days	If less than one day
66		23	hrs. min.

9. Birthplace: Warwich Md. (Town, county, and state)

10. Usual occupation: Retired merchant

11. Industry or business

FATHER 12. Name: Richard B. Merritt

13. Birthplace: Md.

MOTHER 14. Maiden name: Lucretia Wilson

15. Birthplace: Md.

16. Informant: Mrs. Richard Merritt

Address: Warwich Md.

17. Warwich Cemetery (Burial, cremation, or removal. Which?) Date thereof 3-3-46 (month) (day) (year)

Cemetery or crematory: Burial

Location: Warwich Md.

18. Funeral director: H. Hasler Daniels

Address: Townsend Del.

19. Mar. 2nd 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 28 1946, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1946 to Feb 28 1946

and that I last saw him alive on Feb 27 1946

Immediate cause of death	DURATION
Chronic Nephritis	6 Months
Pneumonia	3 Weeks
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. Walter L. Lee M.D. M. D. or other

Address: Middletown Del. Date signed 3/1/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (732)

CERTIFICATE OF DEATH

01524

Reg. Dist. No. 96

1. PLACE OF DEATH:
County: Cecil
City or town: Perry Point, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs. 9 mos. 12 days
Hospital, institution, or street address where death occurred:
Veterans Administration Hospital
How long in hospital or institution? 2 yrs. 9 mos. 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Essex, Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. Mt. Hays, Rustic Ave. & Phila. Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war: Spanish-American

3.(a) FULL NAME: MILLER, John J.

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mrs. Lena C. Miller
6.(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): April 2, 1875

8. AGE: Years: 70 | Months: 10 | Days: 26 | If less than one day: ... hrs. ... min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Farming

FATHER
12. Name: John Miller
13. Birthplace: Pennsylvania

MOTHER
14. Maiden name: Mary (?) Miller
15. Birthplace: Pennsylvania

16. Informant: Records, Vets. Adm. Hospital
Address: Perry Point, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-4-46 (month) (day) (year)
Cemetery or crematory: Rockwood Cemetery
Location: Baltimore, Md.

18. Funeral director: Pennington & Son
Address: Havre de Grace, Md.

19. March 2 19 46 (Date rec'd by Registrar) Irma E. Douglas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 28 19 46, at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 16 19 43, to February 28 19 46 and that I last saw him alive on February 28 19 46

Immediate cause of death	DURATION
Myocardial Degeneration	
Due to: Coronary Arteriosclerosis	over 3 yr.
Due to:	
Other conditions: Psychosis w/cerebral arteriosclerosis	"
Arteriosclerosis, general	"

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op. —
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE: A. E. Trollinger
A. E. TROLLINGER, LT. COL., MC, DOL, DIR.
Address: VAH, Perry Point, Md. Date signed 3-2-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33-a)

CERTIFICATE OF DEATH

01525

Reg. Diat. No. 94

1. PLACE OF DEATH:

County: Cecil

City or town: Bayview

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 46 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Bayview

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Catherine Virginia Montgomery

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	White	Married

6.(b) Name of husband or wife: William Montgomery

6.(c) If alive, give age: 86 years

7. Birth date of deceased (mo., day, yr.): May 18 1862

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
83	8	15		

9. Birthplace: Elkton Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: Volney Cloud.

13. Birthplace: Pennsa.

MOTHER — 14. Maiden name: Sarah Letherman

15. Birthplace: Elkton Md.

16. Informant: Wm Montgomery

Address: North East Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 5 1946 (month) (day) (year)

Cemetery or crematory: Hopewell Methodist

Location: Port Deposit, Md RD.

18. Funeral director: Joseph R. Grant

Address: Rodney Lane, Md.

19. 2/2 19 46 (Date rec'd by registrar) Lucia V. Owens Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 2. 1946, at 5356 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 25 1946 to Feb-2 1946 and that I last saw h.. alive on Feb. 1 1946

Immediate cause of death	DURATION
Coronary Cardiac Dilatation	
Due to: Ruptured Broncholitis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: R. L. Dodson M.D. M. D. or other

Address: Rising Sun Md. Date signed 2-2-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

01526

Reg. Dist. No. 96

1. PLACE OF DEATH:
County CECIL
City or town Veterans Administration, Perry Point, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 23 yrs. 4 mo. 20 da.
Hospital, Institution, or street address where death occurred:
Veterans Administration, Perry Point, Md.
How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Elkton
(If outside city or town limits, write RURAL and give nearest town)
Street No. East High Street
(If rural, give LOCATION)
2.(a) If veteran, name war W.W. I

3.(a) FULL NAME MORGAN, William F.

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Mrs. Mabel Morgan

6.(c) If alive, give age Unknown years

7. Birth date of deceased (mo., day, yr.) January 12, 1899

8. AGE: Years	Months	Days	If less than one day
47		21	—hrs. —min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business —

FATHER 12. Name Unknown

FATHER 13. Birthplace Unknown

MOTHER 14. Maiden name Mrs. Mary Liebig

MOTHER 15. Birthplace Unknown

16. Informant Hospital Records

Address Veterans Administration, Perry Point, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof Feb. 4, 1946 (month) (day) (year)

Cemetery or crematory Holy Sepulchre

Location Philadelphia, Pa.

18. Funeral director Pennington & Son

Address Havre de Grace, Md.

19. Feb. 4 1946 (Date rec'd by registrar) Irma E. Coughlin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1946 at 11:20P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 13 1922 to February 2 1946 and that I last saw him alive on February 2 1946

Immediate cause of death	DURATION
Encephalitis Lethargica, Residuals of Parkinsonian Syndrome	Over 23 yrs.
Due to	
Due to	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results Not performed

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE J. E. Trollinger, M.D.
TROLLINGER, Lt. Col., M.C., U.S.A. Official Capacity
Director, Veterans Administration
Address Perry Point, Md. Date signed 2-4-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (462)

CERTIFICATE OF DEATH

01527

Reg. Dist. No. 94

1. PLACE OF DEATH:
County: Cecil
City or town: North East. Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? About 25 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Cecil
City or town: North East. Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: John C. Raine

3.(b) Social Security Number: 716-01-8555

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Effie I Raine
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 11 1875

8. AGE: Years 70 | Months 7 | Days 6 | If less than one day ..... hrs. ..... min.

9. Birthplace: Penna (Town, county, and state)
10. Usual occupation: Machinist
11. Industry or business: Penna R.R.
FATHER 12. Name: John Raine's
13. Birthplace: Penna
MOTHER 14. Maiden name: Sarah E Orr
15. Birthplace: Penna
16. Informant: Charles Raine
Address: North East. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-20-46 (month) (day) (year)
Cemetery or crematory: Oxford
Location: Oxford Penna
18. Funeral director: Joseph R. Evans
Address: North East. Md
19. 2/20 (Date rec'd by registrar) 1946 Lida V Evans Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2-17- 1946 at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1- 1946 to 2-17 1946 and that I last saw h... alive on 2-16- 1946

Immediate cause of death	DURATION
Pneumonia	
Due to: Influenza	1 Yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: [illegible] Date signed 2/19/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

(01530)

Reg. Dist. No. .....

1. PLACE OF DEATH:

County: Prince Georges

City or town: Bowie (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Prince Georges

City or town: Bowie (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Ruth Mary Russell

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	White	Married

6.(b) Name of husband or wife: Samuel S Russell

6.(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): Aug 3 1897.

8. AGE: Years: 48 Months: 6 Days: 1 If less than one day: hrs. min.

9. Birthplace: Philadelphia Pa (Town, county, and state)

10. Usual occupation: Hsw.

11. Industry or business:

FATHER — 12. Name: Harry H Shaw

13. Birthplace: Baltimore Md

MOTHER — 14. Maiden name: Sarah Skinner

15. Birthplace: Philadelphia Pa.

16. Informant: Samuel S Russell

Address: Bowlandville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 7 1946 (month) (day) (year)

Cemetery or crematory: Harmony Chapel

Location: Bowlandville, Md.

18. Funeral director: J. E. Tyson

Address: Rising Sun Md.

19. Feb 6 1946 H. L. Worthington (Date rec'd by registrar) (Registrar)

Permit issued 2-6-46

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 4 1946 at 7.30 (M)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death: Acute Coronary	
Due to: Thrombosis	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: R. L. Dodson M.D. M. D. or other

Medical Examiner Cecil County

Address: Rising Sun Md. Date signed: 2-4-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01528

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: CECIL

City or town: VETERANS ADMINISTRATION, Perry Point, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yr. 6 mo. 12 da.

Hospital, Institution, or street address where death occurred:
Veterans Administration, Perry Point, Md.

How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: —

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 2404 Hudson Street
(If rural, give LOCATION)

2.(a) If veteran, name war: Peacetime

3.(a) FULL NAME: SEGAN, Michael

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): December 3, 1909

8. AGE: Years	Months	Days	If less than one day
36	2	14	— hrs. — min.

9. Birthplace: Wilmington, Delaware
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: —

FATHER
12. Name: John Segan
13. Birthplace: Poland

MOTHER
14. Maiden name: Tillie Tyrc
15. Birthplace: Poland

16. Informant: HospitalRecords

Address: Veterans Administration, Perry Point, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 2-18-46 (month) (day) (year)

Cemetery or crematory: Hold Rosary Parish Cemetery

Location: Baltimore, Md.

18. Funeral director: Pennington & Son,

Address: Havre de Grace, Md.

19. Feb. 18, 19 46 (Date rec'd by registrar) Registrar: Irene E. Campbell

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 17, 1946, at 2:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 5, 1941, to February 17, 1946 and that I last saw him alive on February 17, 1946

Immediate cause of death	DURATION
Tuberculosis, pulmonary, chronic, far advanced, active	Over 7 years
Due to	
Due to	
Other conditions: Dementia Precox, Hebephrenic type	Over 7 years

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.: —

Autopsy results: Not performed

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: A. E. TROLLINGER, Lt. Col., M.C. Clinical Director

Address: Veterans Administration, Perry Point, Md.

Date signed: 2-18-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 74a

CERTIFICATE OF DEATH

01529

Reg. Diat. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Port Deposit Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 11 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Port Deposit Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Blythedale

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME William J. Todd.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	White	married

6.(b) Name of husband or wife: Edna Todd.

6.(c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): Feb 9 1892

8. AGE: Years	Months	Days	If less than one day
54		6	hrs. min.

9. Birthplace: Cecil Co Md (Town, county, and state)

10. Usual occupation: Mason & Stone.

11. Industry or business

FATHER 12. Name: Louis A Todd.

13. Birthplace: Pa.

MOTHER 14. Maiden name: Caroline Wilson

15. Birthplace: Cecil Co Md

16. Informant: Edna Todd.

Address: Port Deposit RD1 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 18, 1946 (month) (day) (year)

Cemetery or crematory: West Nottingham

Location: Colora Md

18. Funeral director: Lee A. Patterson & Son

Address: Perryville, Md.

19. Feb 18 1946 (Date rec'd by registrar) Irma E. Dougherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2-15 1946 at 7.40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death: Coronary	
Due to: Thrombosis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

28. SIGNATURE: R. L. Dodson M.D.

M. D. or other

Address: Rising Sun Md Date signed 2-15-46

Medical Examiner Cecil County